

ATTACHMENT 12

Submitting Personal Care Amendments for Personal Care Services

Using the new prior authorization (PA) process, providers may submit amendments to Wisconsin Medicaid for prior authorized personal care services. The first table in this attachment outlines some of the reasons for which a provider may submit a PA amendment. The steps to be completed and the package of documentation that must be submitted in each situation are listed. The second table lists the specific forms and information included in each package of documentation.

Reason for Requesting a Prior Authorization Amendment	Does a Personal Care Screening Tool (PCST) need to be completed again?	Is a prior authorization amendment required?	Should the current prior authorization be end-dated?	Which documents should be submitted to Wisconsin Medicaid?
To increase pro re nata (PRN) time.	No	Yes	No	Package B
The provider has received an adjudicated PA request, but the registered nurse determines that the units allocated by the PCST and approved by Wisconsin Medicaid are insufficient to meet the recipient's needs. (There has been no change in informal supports or the recipient's condition.)	No	Yes	No	Package B
There is a short-term change in informal supports or the recipient's condition. More units are required. (Short-term changes are anticipated to persist for three months or less.)	No	Yes	No	Package B
There is a long-term change in informal supports or the recipient's condition. More units are required. (When the <i>new</i> PCST is completed, units allocated are <i>sufficient</i> to meet recipient's personal care needs.)	Yes	Yes	No	Package A
There is a long-term change in informal supports or the recipient's condition. More units are required. (When the <i>new</i> PCST is completed, units allocated are <i>insufficient</i> to meet recipient's personal care needs.)	Yes	Yes	No	Package B
The PA request is discontinued.	No	Yes	Yes	Package C

Documentation Package to be Submitted for Prior Authorization Amendment	Documentation Included in Package
Package A	<ul style="list-style-type: none"> • Copy of the PA/RF, HCF 11018. • Copy of completed Web-based PCST and PCST Summary Sheet or the completed paper PCST. • Prior Authorization Amendment Request, HCF 11042, form.
Package B	<ul style="list-style-type: none"> • Copy of the PA/RF. • Copy of completed Web-based PCST and PCST Summary Sheet or the completed paper PCST. • Prior Authorization Amendment Request Form. • Personal Care Addendum, HCF 11136 (including recipient's plan of care.) • Supporting documentation, as directed.
Package C	<ul style="list-style-type: none"> • Copy of the PA/RF. • Prior Authorization Amendment Request Form.